



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Suman Preet Singh KHANUJA et al.

Title:

A COMPOSITION COMPRISING

PHARMACEUTICAL/NUTRACEUTICAL

AGENT AND A BIO-ENHANCER **OBTAINED FROM GLYCYRRHIZA**

GLABRA

Appl. No.:

Unknown

Filing Date: September 5, 2000

Examiner:

Unknown

Art Unit:

Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

Assistant Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Suman Preet Singh Khanuja

Sushil Kumar Jai Shankar Arya Ajit Kumar Shasany Monika Singh Soumya Awasthi

Subhas Chandra Gupta

Mahendra Pandurang Darokar

Laiq-Ur-Rahman

Enclosed are:

- Specification, Claim(s), and Abstract (30 pages).
- Informal drawings (2 sheets, Figures 1-2). [X]
- Unexecuted Declaration and Power of Attorney (5 pages). [X]
- Assignment of the invention to Council of Scientific & Industrial Research. []



- [] Assignment Recordation Cover Sheet.
 [] Check in the amount of \$40.00 for Assignment recordation.
 [] Small Entity statement.
 [] Information Disclosure Statement.
- [] Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

	Claims as Filed		ncluded i Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$690.00		\$690.00
Total Claims:	48	-	20	=	28	×	\$18.00	=	\$504.00
Independents:	3	-	3	_ = .	0	- ×	\$78.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$260.00							\$260.00	=	\$0.00
							SUBTOTAL:	=	\$1194.00
1	Small	Small Entity Fees Apply (subtract ½ of above):							\$0.00
. -			•				ILING FEE:	=	\$1194.00

- [] A check in the amount of \$1194.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Ву

Respectfully submitted,

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